

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # N23775

1. Entity Name

BELCHER POINT ASSOCIATION, INC.



Principal Place of Business

**1831 N. BELCHER ROAD
SUITE G-3
CLEARWATER FL 33765
US**

Mailing Address

**1831 N. BELCHER ROAD
SUITE G-3
CLEARWATER FL 33765
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-3000366

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KRIVACS, JAMES K
1831 N. BELCHER RD. G-3
CLEARWATER FL 34621**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **DST**
STREET ADDRESS **MOORES, BLAKE DR**
CITY-ST-ZIP **1831 N BELCHOR RD F-3
CLEARWATER FL 33765**

TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **KRIVACS, JAMES K**
CITY-ST-ZIP **1831 N. BELCHER ROAD, SUITE G-3
CLEARWATER FL 33765**

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **GRAHAM, PAT**
CITY-ST-ZIP **1001 BUELL AVENUE
JOLIET IL 60435**

TITLE ☐ Delete
NAME **DS**
STREET ADDRESS **SILVER, DR. GREG**
CITY-ST-ZIP **1831 N. BELCHER RD #A-3
CLEARWATER FL 33765**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **UN00000383988**
CITY-ST-ZIP **04/17/08-80025-023 61.25**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donald P. Hudson President